

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 JUN 30 AN 8: 40

(Instructions on back of application)

VE TO V	(Instructions on ba	ack of application)	
1. The nam	ne of the limited liability		SECHETARY OF STATE
	S	SHIFA TARRYTOWN, LLC	
2. The com	e complete street and mailing addresses of the initial designated/principal office:		office:
	PO BOX 986 BLACKFOOT, ID 83221		
(Street Add			
(Mailing Ad	ddress, if different than street addres	ss)	
3. The nam	The name and complete street address of the registered agent:		
	JEFFREY CLARK	180 N BROADWAY BLACKFOOT, ID 832	221
(Name)		(Street Address)	
	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u>	<u>Address</u>	
	FAHIM RAHIM	2850 SUMMIT DR POCATELLO ID 8320)1
<u></u>			·····
5. Mailing a	nddress for future corresp	oondence (annual report notices):	
	PO BOX 986 BLACKFOOT, ID 83221		
6. Future et	ffective date of filing (opt	ional):	
Signature of	organizer(s). (An organizer	in a manuskan ania	
_	of a members)	s a member, or is	
Ţ.,	VIVALLE DO	Secretary of State use onl	у
Signature	The state of the		
Typed Name	: \ JAFFREY CLAF	RK \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Signature		JOR OTO IDAHO SECRETA	RY OF STATE
yped Name:			10 05:00 49 BH: 1228735

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